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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/043,657
	Filing Date	1-8-02
	First Named Inventor	Skilern
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	HYD-8-P

ENCLOSURES (Check all that apply)		
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Remarks		RECEIVED MAY 04 2004 TECHNOLOGY CENTER #3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Leigh P. Gregory
Signature	<i>Leigh Gregory</i>
Date	4-26-04

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Typed or printed name	HEIDI WILLIAMS	
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PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/043.657
Filing Date	01/08/2002
First Named Inventor	Skillem
Art Unit	
Examiner Name	
Attorney Docket Number	HYD-8-P (SKIL-001-CON)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

29698

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Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jeff Skillern

Signature

Date

4-18-04

Telephone

208-426-9058

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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